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Fill	in this information to	identify your c	386'								
	btor 1										
	btor 2 buse, if filing)	Yvonne I. Yo				_					
Uni	ted States Bankrupt	tcy Court for the	: EASTERN DISTRICT	OF PENNSYLVANIA	4						
Case number 16-10684							Check if this is	:			
(If kı	nown)			-			An amende	ed filing			
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			AU111000 (wing postpetition e following date:		
<u>O</u>	fficial Form	<u> 1061</u>					MM / DD/ `	YYYY			
S	chedule I: `	Your Inc	ome							12/15	
spo atta	use. If you are sepa ch a separate shee	arated and you et to this form.	are married and not filir r spouse is not filing wi On the top of any additi	ith you, do not inclu	de inforr	nation a	bout your sp	ouse. If	more space is	needed,	
••	information.	yment		Debtor 1			Debtor 2 or non-filing spouse				
	If you have more t attach a separate information about	page with	Employment status	☐ Employed ■ Not employed				□ Employed □ Not employed			
	employers.		Occupation Employer's name								
	Include part-time, self-employed wor										
		Occupation may include student Employer's address or homemaker, if it applies.									
			How long employed to	here?							
Par	t 2: Give Det	ails About Mor							***		
		me as of the da	ate you file this form. If	you have nothing to re	eport for a	any line,	write \$0 in the	space.	Include your no	n-filing	
lf yo more	u or your non-filing s e space, attach a se	spouse have mo	ore than one employer, co	ombine the information	n for all e	mployers	s for that perso	on on th	e lines below. If	you need	
						Foi	Debtor 1	For non-	Debtor 2 or -filing spouse		
2.	List monthly gros deductions). If not	ss wages, sala t paid monthly, o	ry, and commissions (be calculate what the monthl	efore all payroll y wage would be.	2.	\$	0.00	\$	N/A		
3.	3. Estimate and list monthly overtime pay.				3.	+\$	0.00	+\$	N/A	-	
4.	Calculate gross l	ncome. Add lin	e 2 + line 3.		4.	\$	0.00	\$	N/A		

Official Form 106I

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Debtor 1 Yvonne I. Yollin				Case number (if known)		16-10684		
	Can	v line 4 hove	4.	For \$	Debtor 1	2011 WE 1211 - 12 21	Debtor 2 or filling spouse	
	Сору	line 4 here	4.	<u>ф</u> _	0.00	Ψ	N/A	
5.	List	all payroll deductions:						
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	0.00	\$	N/A	
	5b.	Mandatory contributions for retirement plans	5b.	\$_	0.00	\$	N/A	
	5c.	Voluntary contributions for retirement plans	5c.	\$ _	0.00	*—	N/A	
	5d.	Required repayments of retirement fund loans	5d.	\$_ \$	0.00	\$	N/A	
	5e. 5f.	Insurance	5e. 5f.	\$_	0.00	φ.—	N/A N/A	
	5ı. 5g.	Domestic support obligations Union dues	5g.	φ	0.00	Ψ <u> </u>	N/A	
	5g. 5h.	Other deductions. Specify:	5h.+	\$	0.00	+ \$	N/A	
6		the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	_ 6 .	\$	0.00	\$	N/A	
6.		• •	7.	Ť		Ψ \$		
7.		ulate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	0.00	Φ	N/A	
8.	List a	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	0.00	\$	N/A	
	8b.	Interest and dividends	8b.	\$_	0.00	\$	N/A	
	8c.	Family support payments that you, a non-filing spouse, or a dependent		· —	0.00	·—		
		regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	0.00	\$	N/A	
	8d.	Unemployment compensation	8d.	\$	0.00	\$	N/A	
	8e.	Social Security	8e.	\$	0.00	\$	N/A	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Social Security Disabilty (SSD)	_ 8f.	\$	1,460.00	\$	N/A	
		Food Stamps (Domestic Partner)		\$	185.00	\$	N/A	
		Supplemental Security Income (SSI) (Domestic Partner)	****	\$	741.00	\$	N/A	
		State Stipend (Domestic Partner)		\$	22.10	\$	N/A	
	8g.	Pension or retirement income	8g.	\$	0.00	\$	N/A	
	8h.	Other monthly income. Specify:	_ 8h.+	\$	0.00	+ \$	N/A	
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	2,408.10	\$	N/A	
10.		ulate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$		2,408.10 + \$		N/A = \$ 2,408.10	
11.	Inclu- other Do n	e all other regular contributions to the expenses that you list in Schedule de contributions from an unmarried partner, members of your household, your of friends or relatives. of include any amounts already included in lines 2-10 or amounts that are not a	depend					
	Spec	л . у.					11. +\$0.00	
12.		the amount in the last column of line 10 to the amount in line 11. The result that amount on the Summary of Schedules and Statistical Summary of Certaines					12. \$ 2,408.10 Combined	
40	г.	are average on increasing or desired within the constitution of the first fermion	,				monthly income	
13.	Doy ■	ou expect an increase or decrease within the year after you file this form? No.	r					
		Yes. Explain:						